QUARTERLY REPORT

Marion County Health Department
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2nd Quarter
June 2005

To report a communicable disease:
(24 hours a day, 7 days a week)

Telephone: **(503) 588-5621**
Fax: **(503) 566-2920**

Vital Statistics Quarter Ending: June 2005	2nd Quarter 2005	2nd Quarter 2004	Year to Date 2005	Year to Date 2004
BIRTHS TOTAL DELIVERIES	1387	1323	2610	2571
Delivery in Hospital	1374	1312	2583	2546
Teen Deliveries (10-17)	52	53	101	101
DEATHS TOTAL	593	637	1207	1297
Medical Investigation	37	51	88	98
Homicide	04	0	04	04
Suicide	10	15	16	22
Accident – MVA	07	05	13	13
Accident – Other	04	09	17	19
Natural / Undetermined / Pending	12	22	38	40
Non-Medical Investigation (all natural)	556	586	1182	1199
Infant Deaths	01	08	05	13
Fetal Deaths	07	08	08	09
COMMUNICABLE DISEASES E-Coli: 0157	02	01	03	01
Hepatitis A	0	08	0	09
Acute Hepatitis B	03	02	08	06
Chronic Hepatitis B	07	10	19	25
Meningococcus	0	01	0	03
Pertussis	39	09	87	09
Tuberculosis	04	03	10	10
SEXUALLY TRANSMITTED DISEASE PID (Pelvic inflammatory Disease)	01	03	01	04
Chlamydia	221	231	443	423
Gonorrhea	24	29	35	47
Syphilis	02	02	02	05
AIDS	03	03	04	03
HIV Positive	03	04	06	05

"Hot Shots": An Immunization Update

Karen Landers MD MPH, Marion County Health Officer

Change is a constant in the area of immunizations. New vaccines are continually being developed and evaluated for licensure, expanding opportunities to prevent serious communicable diseases. Here's an update on some new vaccines that are being introduced into childhood and adult immunization schedules.

Meningococcal Conjugate Vaccine (MCV4) Menactra®

Licensed: January, 2005 (Included in the Vaccines for Children [VFC] program)

Age Range: 11-55 years (Application for use in 2-10 years is pending FDA review)

Prevents: Invasive meningococcal disease (meningitis/sepsis) due to Serogroups A, C, Y and W135. (Does not provide protection against Serogroup B, which is the most common serotype reported in Oregon).

Administration: Intramuscularly as a single dose (Need for revaccination not yet known)

Recommended Use:

* Vaccination at 11-12 years at the preadolescent visit.
* "Catch-up" vaccination at 15 years if not previously vaccinated.
* College freshmen living in dormitories.
* Other populations at increased risk (military recruits, travelers to hyperendemic areas, microbiologists with routine exposure to N. meningitidis, persons with anatomic or functional asplenia, persons with terminal complement deficiency).

Continued

Cost: Estimated $80-$100/dose

Notes: Invasive meningococcal disease often occurs abruptly and with rapid progression. The case fatality rate is 10-14%. Eleven to nineteen percent of survivors have long-term sequelae including deafness, neurologic deficit, or limb loss. The meningococcal conjugate vaccine provides a longer duration of protection than the previously available polysaccharide vaccine with a comparable safety profile. The direct and indirect (herd immunity) benefits of a catch-up vaccination program followed by routine vaccination of all children at 11 years was evaluated by Centers for Disease Control and Prevention (CDC). Over a 10-year period, 5263 cases would be prevented (32% reduction in cases), at a cost of $532,000 per case averted and $5.9 million per death averted. Savings would include, (excluding program costs), $338 million in medical and public response costs and $591 million in time off from work, long-term disability, and premature death. Catch-up and routine vaccination among adolescents with MCV4 is more costly per health outcome than existing vaccination strategies for Hib and *S. pneumoniae*.

For more information see
www.aap.org/advocacy/releases/mengpolicyfinal.pdf
or
www.cdc.gov/mmwr/preview/mmwrhtml/rr5407a1.htm

Tetanus, Reduced diphtheria and acellular pertussis vaccine (Tdap)
Boostrix® (GlaxoSmithKline)
Adacel® (sanofi Pasteur)

Licensed:
* Boostrix® - May 3, 2005 (Included in the VFC Program)
* Adacel® - June 10, 2005 (Included in the VFC Program)

Age Range:
* Boostrix® (10-18 years)
* Adacel® (11-64 years)

Prevents: Pertussis in older children, adolescents, and adults.

Administration: Intramuscularly as a single dose (Revaccination not yet evaluated).

Recommended Use:
* Children 11-12 years of age in place of Td.
* Adolescents 13-18 years who missed the dose of Td at 11-12 years.
* No recommendations for use in adults at this time.

Cost: Estimated at $30-40/dose

Notes: Reported cases of pertussis are currently at a 40-year high. Reported pertussis-related deaths among infants have increased from about 10 per year in the 1990s to about 20 per year in this decade. Pertussis is the only communicable disease that is on the rise in all age groups for which routine immunization is available. However immunity due to vaccination (with either whole cell or acellular pertussis vaccine) wanes after 5-10 years creating a reservoir of susceptible adolescents and adults who can then transmit the disease to incompletely vaccinated or unvaccinated infants who are at higher risk of complications and death from pertussis.

Several other new vaccines are awaiting FDA licensure. They include two vaccines for the prevention of human papilloma virus (HPV), a new vaccine for rotavirus, a vaccine to prevent zoster, and an expansion of the age range for hepatitis A vaccine (Vaqta®) to children age 12 months or older. (Now only licensed for children 2 years of age and older).

For more information on the status of licensure and recommendations for new vaccines, visit:
http://aapredbook.org/news/vaccstatus.shtml

SAVE THE DATE:

"Hot Topics in Immunizations"
(on new vaccines)

Thursday, September 22, 2005
7:00 am - 9:00 am
McNary Golf Course

A yummy breakfast will be served!